

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME Rachel Cameron		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Press	
POSITION Deputy Press Secretary		CB/ID NUMBER		DIVISION OR BUREAU Office of the Governor	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER [REDACTED]	
		CITY Sacramento		STATE CA	
				95814	

MONTH/YEAR Mar-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
16-Mar	1:30 PM	Sacramento									22 9.79		9.79
18-Mar	6:00 AM	Sacramento/Merced									263 117.04		117.04
25-Mar	12:00 AM	Sacramento									14 6.23		6.23
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	299 133.06	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$133.06	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staffed GS public events:

3/16 - Green Jobs Corps, Sacramento

3/18 - Fed Stimulus Funds for transportation projects, Merced

3/24 - Cal Expo Shelter Center, Sacramento

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240473

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

DATE 4/4/09

DATE

DATE

4/21/09

TRAVEL EXPENSE CLAIM

STD 262 (REV. 10/92)

CLAIMANT'S NAME

[See Instructions and Privacy](#)

Statement on Reverse Side

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EMPLOYER NAME Rachel Cameron		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Press	
POSITION Deputy Press Secretary		CBI/D NUMBER		DIVISION OR BUREAU Office of the Governor	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
		CITY Sacramento		TELEPHONE NUMBER	
		STATE CA		ZIP 95814	

[illegible]

CLAIM TOTAL

167.32 ~~\$173.32~~

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

staffed GS public events:

'13 - Fresno City College

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER.

HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of

California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or

later than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

training to vehicle safety and seat belt usage.

	DATE	4/21/09	S		DATE	4/27/09
					DATE	